

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

JUN 24 1993

Winston-Salem
Regional Office

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Oak Summit Farms

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 5480 Germanton RoadCounty: ForsythCity: Winston-Salem State: NC Zip Code: 27105Tele. No. (Area Code): (919) 767-1821

II. LOCATION OF TANK(S)

Facility Name or Company Oak Summit FarmsFacility ID # (if available) 0-015162Street Address or State Road: 5480 Germanton RoadCounty: Forsyth City: Winston-Salem Zip Code: NCTele. No. (Area Code): (919) 767-1821

III. CONTACT PERSON

Name: Lewis S. Graham Job Title: Owner/President Telephone Number: (919) 767-1821

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Triad Environmental Consultants, Inc.Address: 3519 Clemmons Road, Clemmons State: NC Zip Code: 27012Contact: M. Alex McGilvary Phone: (919) 766-0810

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

| TANK ID# | TANK CAPACITY | LAST CONTENTS | PROPOSED ACTIVITY | | |
|----------|--------------------|--------------------|-------------------------------------|--------------------------|---------------------|
| | | | CLOSURE | | CHANGE-IN-SERVICE |
| | | | Removal | Abandonment In Place | New Contents Stored |
| <u>1</u> | <u>10,000 gal.</u> | <u>Diesel Fuel</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <u>2</u> | <u>10,000 gal.</u> | <u>Gasoline</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

M. Alex McGilvary, Director Technical Services
Triad Environmental Consultants, Inc.*Scheduled Removal Date: 9/1/93Signature: M. Alex McGilvaryDate Submitted: 6/23/93

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

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| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
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